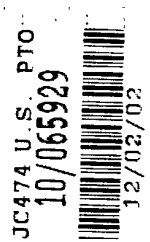


Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 20402  
Application ID: 10065929  
Title of Invention: Breast Cancer Risk Analysis and  
Computer-Aided Diagnosis  
First Named Inventor: John Heine  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-12-02  
Submission Type: Utility Patent Filing  
Filing Type: null  
Confirmation Number: 0  
Attorney Docket Number: 1372.66.PRC  
Digital Certificate Holder: cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: 25iLCxUnem8hWtbcGZjPNQ==  
Total Fees Authorized: \$370.0  
Payment Category: CC - Credit Card  
Credit Card Number: \*\*\*\*\*3008  
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Card Holder Name: Anton J. Hopen  
RAM User ID: EFSPROD  
RAM Accounting Date: 2002-12-02  
RAM Sequence Number: 574526  
RAM Payment Status: RAM success  
Postal Code: 33760

# TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
Filing

Attorney Docket  
Number:

1372.66.PRC

## Breast Cancer Risk Analysis and Computer-Aided Diagnosis

First Named Inventor: John J. Heine

### SUBMITTED BY

Name: Anton J. Hopen

Registration Number: 41849

Electronic Signature Mark: /anton j  
hopen/ Date Signed: 20021202

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	Dec01.TIF
declaration	Dec02.TIF
declaration	Dec03.TIF
declaration	Dec04.TIF

declaration	Dec05.TIF
declaration	Dec06.TIF
bid-transmittal	137266PRCapds.xml
fee-transmittal	137266PRCfee.xml
specification	Specification.xml

Attached Image File(s):

Dec01.TIF  
Dec02.TIF  
Dec03.TIF  
Dec04.TIF  
Dec05.TIF  
Dec06.TIF

Comments:

**Practitioner's Reference No. 1372.66.PRC**

**PATENT**

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

As a below named joint inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for a continuation-in-part application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought or the invention entitled:

**TITLE OF INVENTION**

BREAST CANCER RISK ANALYSIS AND COMPUTER-AIDED DIAGNOSIS

**SPECIFICATION IDENTIFICATION**

The specification is attached hereto.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37 Code of Federal Regulations, § 1.56.

**POWER OF ATTORNEY**

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

**21,901**

11/30/02 SAT 08:54 FAX 813 979 6724

MOFFITT RES CTR

## SEND CORRESPONDENCE TO

Smith & Hopen, P.A.  
15950 Bay Vista Drive, Ste. 220  
Clearwater, FL 33760  
Customer No. 21,901

## DIRECT TELEPHONE CALLS TO:

Ronald E. Smith  
(727) 507-8558

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and the statements made on information and belief are believed to be true; and further that these statements made with the knowledge that willful false statements and the like so made are punishable by imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE

Inventor's signature

  
JOHN J. HEINE

Date

29 Nov, 2002

Country of Citizenship

USA

Residence

New Port Richey, FL

Inventor's signature

  
ROBERT P. VELTHUIZEN

Date

, 2002

Country of Citizenship

USA

Residence

Edgewater, NJ

Inventor's signature

  
JERRY ALAN THOMAS

Date

, 2002

Country of Citizenship

USA

Residence

Bethesda, MD

NOV-30-02 08:09 PM

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15950 Bay Vista Drive, Ste. 220  
Clearwater, FL 33760  
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## SIGNATURE

Inventor's signature

JOHN J. HEINE

Date

\_\_\_\_\_, 2002

Country of Citizenship

USA

Residence

New Port Richey, FL

Inventor's signature

  
ROBERT P. VELTHUIZEN

Date

November 30, 2002

Country of Citizenship

Netherlands

Residence

Livingston, NJ

Inventor's signature

JERRY ALAN THOMAS

Date

\_\_\_\_\_, 2002

Country of Citizenship

USA

Residence

Bethesda, MD

11/2//2002 17:19

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USUHS RADIOLOGY

P/

## SEND CORRESPONDENCE TO

Smith & Hopen, P.A.  
15950 Bay Vista Drive, Ste. 220  
Clearwater, FL 33760  
Customer No. 21,901

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(727) 507-8558

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## SIGNATURE

Inventor's signature

JOHN J. HEINE

Date

\_\_\_\_\_, 2002

Country of Citizenship

USA

Residence

New Port Richey, FL

Inventor's signature

ROBERT P. VELTHUIZEN

Date

\_\_\_\_\_, 2002

Country of Citizenship

USA

Residence

Edgewater, NJ

Inventor's signature

Jerry Alan Thomas  
JERRY ALAN THOMAS

Date

27 November, 2002

Country of Citizenship

USA

Residence

~~Bethesda~~, MD

Potomac, MD



Practitioner's Docket No. 1372.66.PRC

PATENT

**ADDED PAGE TO COMBINED DECLARATION  
AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION  
OR C-I-P APPLICATION**

*(complete this part only if this is a divisional, continuation or C-I-P application)*

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)  
UNDER 35 U.S.C. § 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information

☒ that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

*(also check the following item, if desired)*

☒ and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent,

that occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application. (37 CFR 1.63(e)).

*(also check the following item, if desired)*

☐ In compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. 1.98.

(Added Page to Combined Declaration and Power of Attorney for Divisional Continuation or C-I-P Application—page 1)

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC § 120:				
U.S. APPLICATIONS		Status ( <i>check one</i> )		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 60/334,643	11/30/2001		<b>X</b>	
2. /				
3. /				
PCT APPLICATION DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NOS. ASSIGNED ( <i>If any</i> )		
4.		0 /		
5.		0 /		
6.		0 /		

(Added Page to Combined Declaration and Power of Attorney for Divisional Continuation or C-I-P Application—page 1

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Independent Inventor

**TOTAL FEES AUTHORIZED: \$ 370**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3008  
Expiration Date: 20040531  
Authorized Name: Anton J. Hopen  
Billing Address: 33760

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	2001	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 12	2202	\$ 9	0	\$ 0
Independent Claims: 1	2201	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0